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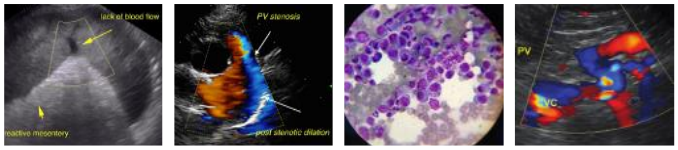
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Kuzon Jarrett

SPECIES
Canine

BREED
Pitbull

SEX
Male Neutered

AGE
2.3 years

WE74IGHT
74lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY
Potomac Mobile Veterinary Ultrsound

HOSPITAL NAME
Vets and Pets Animal Hospital

REFERRING VET
Dr. Jarrett

INVOICE
29047

DATE
2/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur. Asymptomatic.
-Pertinent previous echo findings (4/2021 MML: SAS AS mild AI; LVOT 2.6, minimal LVH

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve leaflets appear normal in form and function with no thickening or prolapse into the left atrial lumen. No mitral regurgitation noted with normal left atrial dimension. Normal LV diameter with adequate myocardial function. The LV wall thickness is mildly increased (1.0cm globally). The tricuspid valve appears subjectively normal, trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology. The pulmonic valve is normal in morphology and mobility. The aortic valve appears mildly thickened with mild aortic insufficiency. Subaortic narrowing in systole (see below). Normal pulmonic and moderately elevated aortic outflow velocity. No pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors identified.

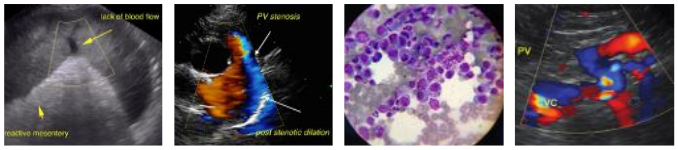
CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	2.7	1.5	1.2	45	76	0.2
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	100	4.2	1.1	33.6	2.5	4.0	2.2
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subaortic stenosis (SAS) persists with an elevated blood flow velocity through the LVOT and aortic valve. The peak gradient seen here is consistent with a moderate abnormality (70mmHg) which is increased compared to the prior study. Fortunately the LV is only mildly thickened, suggesting the abnormality is compensated for at this time. A small aortic leak is noted which is common with this defect and largely unchanged. No additional issues are identified in this study.

Typically, the prognosis with moderate SAS is fair. Use of atenolol could be debated with this degree of change. If there is any evidence of exercise intolerance or syncope, atenolol should be



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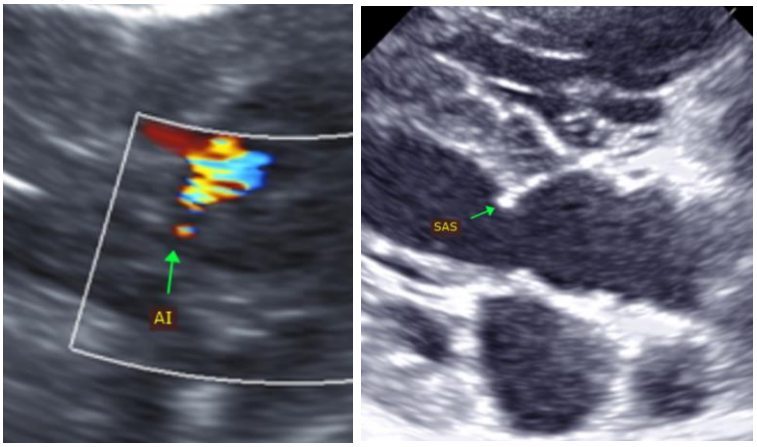
utilized. Otherwise simple monitoring seems reasonable given that this dog has reached two years of age without significant LVH or clinical signs.

From a cardiac standpoint, monitor for development of labored breathing, exercise intolerance or collapse episodes, as SAS patients are more predisposed to development of arrhythmias than to CHF (particularly in this breed). No cardiac medications are indicated; however, as most patients with a mild SAS will live a normal life free of complications.

Anesthetic risk is mildly elevated. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless clinically indicated. Recommend prophylactic antibiotics for any orthopedic or dental procedure in the future given slight predisposition to endocarditis. Avoid heart rate stimulating drugs such as Atropine, unless clinically necessary.

A recheck echocardiogram is recommended in 12 months to screen for progression. If any associated signs such as exercise intolerance or syncope are noted, institute atenolol to effect.

IMAGES



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com